

HEALTH STATISTICS

FROM THE U.S. NATIONAL HEALTH SURVEY

IMPAIRMENTS by type, sex, and age

United States
July 1957 - June 1958





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Impairments by type, sex, and age

<u>United States</u> July 1957 - June 1958

Statistics on the number of impairments by type, sex, age, major activity, and the number due to injury. Based on data collected in household interviews during the period, July 1957-June 1958.

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The U. S. National Health Survey is a continuing program under which the Public Health Service makes studies to determine the extent of illness and disability in the population of the United States and to gather related information. It is authorized by Public Law 652, 84th Congress.

CO-OPERATION OF THE BUREAU OF THE CENSUS

Under the legislation establishing the National Health Survey, the Public Health Service is authorized to use, insofar as possible, the services or facilities of other Federal, State, or private agencies. For the national household survey the Bureau of the Census designed and selected the sample, conducted the household interviews, and processed the data in accordance with specifications established by the Public Health Service.

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IMPAIRMENTS

SUMMARY

During the year, July 1957 through June 1958, there were, on the average, about 24 million impairments among the civilian noninstitutional residents of the United States. These conditions were reported by respondents in the Health Household-Interview Survey of the U. S. National Health Survey. Impairments are chronic or permanent residual effects of disease or injury involving principally the musculoskeletal system and the special senses.

Between 12 and 13 million impairments consisted of some form of limited motion, including paralysis and other abnormalities in function, structure, or number of the bones, joints, or muscles of the limbs, back, and trunk. About 6 million were some degree of hearing loss. Visual defects of varying degrees numbered almost 3 million. Blindness, defined in the Health Household-Interview Survey as inability to read ordinary newsprint even with the help of glasses, totaled about 960,000 cases. There were approximately a million cases of speech defects. A miscellaneous group of 1,359,000 impairments included such conditions as: abnormalities of structure of the face, jaws, and skull; mental retardation; deviation from normal body weight and size; and absence of organs and sites other than eyes or extremities.

The rate per 1,000 persons for all types and causes of impairments was 141.4 for both sexes; 160.8 for males, and 123.1 for females. The rates for certain conditions, such as blindness and impairments of the spine, hip, and pelvis, were higher for females than for males, but for impairments due to injury the rates were higher for males in every category.

For all impairments, the proportion caused by injury was 33.0 percent; 41.8 percent for males and 22.2 percent, females. The types of impairments having the highest proportions due to injury were absence and other nonparalytic types of defects

of the extremities. The types least often due to injury were speech defects and blindness.

Impairments as a whole increased with advancing age, from 52.9 per 1,000 persons at ages under 25, to 615.0 per 1,000 at ages 75 and over.

Impairments were reported for persons of school and preschool age at a rate of 44.3 per 1,000; workers, 160.6 per 1,000; housewives, 174.4 per 1,000; and retired persons, 560.0 per 1,000. Among persons not classified in any of the foregoing groups the rate was 348.6 per 1,000.

About one tenth of the total number of impairments involved one or more bed-disability days in the year preceding the interview. Paralysis, of all types, and impairments affecting the back and limbs involved more bed-disability days than any of the other types of impairments.

Of all impairments reported, 82.2 percent had been seen by a physician at some time. Paralysis and absence of extremities had been medically attended in practically all cases. Hearing and speech defects were most frequently reported as unattended, with only 68.1 and 59.3 percent, respectively, having been seen by a physician.

SOURCE OF DATA

The data presented in this report are derived from household interviews obtained in a continuous probability sample of the civilian noninstitutional population of the United States during the period, July 1957 through June 1958. Interviews were conducted in approximately 36,000 households comprising 115,000 persons.

A description of the survey design, methods used in estimation, and the general qualifications of the data is presented in Appendix I. Particular attention is called to information contained in that section of Appendix I concerning Reliability of estimates. The data in all cells of the tables that follow are subject to errors of sampling, i.e., errors resulting from the use of a sample of households instead of all of the households in the United States. In cells where the estimated number or the numerator or denominator of a rate is small, the relative error due to sampling may be high. Therefore, such estimates of numbers, rates, or percentages must be interpreted with caution.

This report was prepared by Louise E. Bollo, of the U. S. National Health Survey staff.

It is suggested that the reader also become familiar with the material in Appendixes II and III. Definitions of certain terms used in this report and the complete Classification of Impairments (X-Code) are presented in Appendix II.

The household-interview questionnaire and Cards A through H. used in the first survey year are reproduced in Appendix III. The check lists of chronic conditions and impairments are shown on Cards A and B. Questions 16 and 17 of the guestionnaire are designed to elicit information about the presence of chronic diseases and impairments. Each condition reported is entered in table I and a series of questions is asked routinely. The causes of impairments and symptoms are entered in column (d-2), if the respondent knows them. Particular attention is called to column (d-3) where the answer to the question about ability to read newsprint determines (for the purposes of this survey) whether a person is considered to be blind.

The adjectives "serious," "repeated," and "permanent" are used with certain conditions read to the respondent from check lists A and B, but the respondent often does not specifically state whether his conditions are serious or not. In order to be classified as an impairment, the defect need not be described as serious or severe, but the data must show that the condition had existed 3 months or longer, or was of a type, such as loss or removal of part, that would be permanent.

In addition to being chronic or permanent an impairment must be one of the types included in the Classification of Impairments (X-Code) shown in Appendix II. Reported conditions classified to the X-Code are considered to be impairments regardless of whether medical care or disability have been involved.

Information about the person's major activity, that is, his activity during most of the 12 months preceding interview, was obtained from question 10.

IMPAIRMENTS BY TYPE, SEX, AND AGE

The number of impairments is shown by type, sex, and age in tables 1 and 2 and figures 1 and 2.

In table 1 the impairments are distributed into 23 categories by type and site because of general interest, although the frequencies of some types and sites are small and therefore subject to high sampling errors. In tables 2-6, where types of impairments are related to other information, broader groupings are used.

It should be noted that mental retardation, facial disfigurement, and absence of sites other than extremities—shown in table 1 only—were not included on the check list of impairments

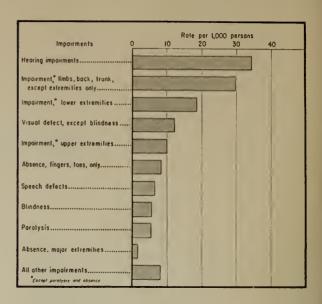


Figure 1. Number of impairments per 1,000 persons by type of impairment.

(Card B), and may be underreported for that reason, and also because respondents may be reluctant to report certain conditions of this kind. These are included in the 'all other impairments' group in tables 2-6.

In the case of mental retardation there is evidence from intensive community surveys that the prevalence is considerably higher than that given in table 1.

Although cerebral palsy was included on the check list of impairments, it is believed that the estimate for this condition may also be too low. Estimates based upon follow-up of birth records suggest that the actual prevalence may be several times higher than that shown in the table.

For these conditions, which families are reluctant to report to an interviewer, the figures can be looked upon as minimum estimates of prevalence in the noninstitutional population. They have been shown separately in table 1 because of the scarcity of national data on these conditions, and because the types of impairments that respondents were willing to mention in the interview is itself a matter of interest.

Hearing Impairments

In table 1 total deafness is distinguished from other degrees of hearing defect, but in tables 2-6 hearing impairments are shown without reference to severity. The interviewer inquired whether one or both ears were affected, but there was no special question, as in the case of visual impairment, to obtain the degree of hearing loss. If the recorded information indicated that a person was a deaf-mute or was completely unable to hear, he was classified as totally deaf. Less

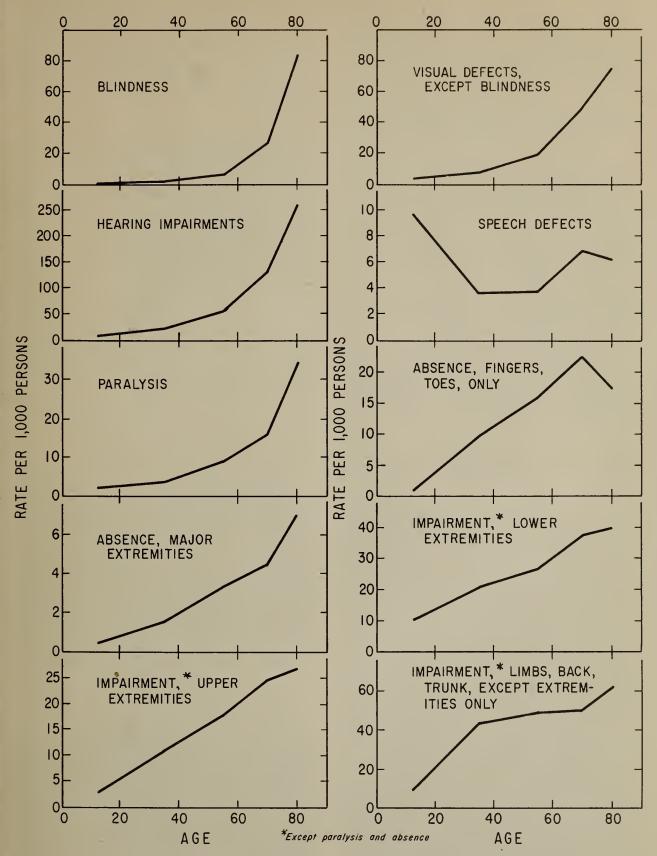


Figure 2. Number of impairments per 1,000 persons according to type of impairment by age.

severe cases, those described as mild, or slightly deaf, and those in which there was no statement about severity were tabulated under "other hearing impairment" in table 1. All degrees of severity are combined in tables 2-6.

Blindness and Other Visual Impairment

In all tables "blindness" is separate from "other visual impairment." A person was classified as blind if (a) he was 6 years old or older and a negative response was given to the question: "Can you read ordinary newspaper print with glasses?", or (b) he was under 6 years of age (or was over 6 but had never learned to read) and was reported as blind or in terms indicating that he had no useful vision in either eye.

Persons who were blind in one eye but had sight in the other, or who had poor vision or trouble in seeing in one or both eyes but were not blind, as defined, were tabulated under "other visual impairment."

The rate shown for blindness—5.7 per 1,000 persons—is higher than that obtained in some other national estimates. This is probably due to differences in the sources or methods of data collection and to differences in definitions of blindness.

Impairment, Except Paralysis and Absence, of Limbs, Back, and Trunk

In table 1, beginning with curvature of the spine, there are 9 groups of impairments of this kind. In tables 2-6 these have been combined into 3 groups. These are the conditions classifiable to the categories X70-X89 of the Classification of Impairments shown in Appendix II. They include, in X80-X89, specific orthopedic deformities. such as curvature of the spine, clubfoot, congenital dislocation of the hip, etc., and also descriptions of defects of the limbs and back in terms of atrophy, contracture, crippling, shortening, deformed, drawn up, twisted, and withered. The categories X70-X79 include certain well-defined conditions such as ankylosis and instability of joint, but they are employed mainly for the purpose of collecting, under one general heading, the more ill-defined, even symptomatic, terms the layman uses to describe his difficulties in moving, lifting, manipulation—such as stiffness, pain, soreness, or trouble.

Conditions assigned to X70-X79 depart rather drastically from the traditional concept of what constitutes an impairment. However, the coder is instructed to classify them as impairments only when; they have existed for 3 months or longer; the respondent cannot give a more definite name to his chronic limitation of motion;

and the condition is a present effect of past and inactive diseases and injuries or the cause is unknown or ill defined.

Other details of definition and coding methods are given in Appendix II.

Sex Differences

The distribution of impairments among males and females can be seen in tables 1 and 3. In table 3, the frequency of impairments due to injury is distinctly higher among males for every type of impairment shown. However, in table 1, which includes impairments from all causes, the rates for most groups are higher for males, particularly for hearing and speech defects and defects of the extremities, but they are higher for females for certain conditions, such as blindness and impairments involving the spine, hip, and pelvis.

In the instance of blindness, the results contradict data from most other sources, which indicate a higher prevalence of blindness among males. The explanation for this difference is not yet known. It may be a product of the definition of blindness used for this survey, as discussed earlier in this report.

Age Differences

Impairments are shown according to age in table 2 and figure 2.

Among persons under 25 years of age the highest rates of impairments are for speech defects and defects of the lower extremities. It is to be expected that large numbers of children with speech defects would be reported and that the frequency would decrease among adults. The increase in speech defects after age 65 is associated to some extent with occurrence of cerebral vascular conditions. From young adulthood to age 64, loss of members and other types of nonparalytic orthopedic disorders show considerable increases in prevalence. Paralysis and disorders of hearing and vision, particularly blindness, increase precipitously in the age groups over 65.

IMPAIRMENTS CAUSED BY INJURY

Among the various types of impairments it is of interest to note the proportion due to injury as differentiated from those resulting from other causes. The original nature of the injury—such as fracture, dislocation, nerve injury, poisoning, etc.—which in most cases had occurred many months or years before the interview, was not coded. Rather, emphasis was placed upon the specified chronic or permanent residuals of such injuries.

Figure 3 shows absence and defects of the extremities to be the types with the highest percentage due to injury. Table 3 shows these types to be more prevalent among males, with the number of cases of loss of extremities of traumatic origin being 6 or 7 times higher for males than for females.

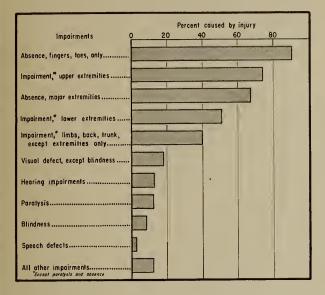


Figure 3. Percent of impairments caused by injury by type of impairment.

For all categories of impairments the percent due to injury was higher among males, although for disorders affecting the extremities and back the percent due to injury was also comparatively high among females.

For speech defects, injury was a negligible factor in both sexes. For visual, hearing, and other nonorthopedic defects, with relatively few cases caused by injury, the percent due to injury was markedly higher for males than for females.

IMPAIRMENTS INVOLVING BED-DISABILITY DAYS

The data in this report do not show the number of <u>persons</u> with impairments nor the extent to which persons with one or more impairments may have had other chronic conditions. The relative effect on the person of one type of impairment compared with another type of impairment, when they exist in multiples or with other chronic conditions, is difficult to assess.

Only 9.4 percent of the total number of impairments occasioned one or more days of bed disability in the year preceding interview, as shown in table 4. Types of impairments which

more severely limit motion, such as paralysis or other disorders involving the limbs and back, were responsible for the majority of cases which required bed-days during the year. Other types not involving motion may have had bed-disability days either because of corrective surgery or therapy for the impairment itself, or because of some coexistent, disabling chronic disease that caused the impairment.

IMPAIRMENTS BY MAJOR ACTIVITY AND MEDICAL CARE STATUS

Table 5 shows impairments according to the major activity of the impaired person during the

year preceding the interview.

The highest rate of impairments per 1,000 persons was found, as might be expected, among retired people who are at the age where impairments and other chronic conditions are highest. It is not known whether, or to what extent, a retired person's impairments contributed to his being retired.

The column headed "other" in table .5 contains persons who were not included in the first four columns. That is, their major activity during the past 12 months did not fall into one of the school, housework, work, or retired groups, although they may have engaged in one of these activities for a part of the year. The "other" category undoubtedly contains some children who are unable to go to school and many adults who are unable to work or keep house and yet do not consider themselves to be retired in the usual sense of the word. This probably accounts for the relatively high impairment rates in the "other" group.

Of particular interest are the impairments among persons classed as "usually working," which means that during the year, prior to the interview, they had been employed at a job or business most of the time. In this group, 13.4 per 1,000 had some sort of visual defect; 36.3 had an impairment of hearing; 17.3 were missing fingers, toes, or major extremities; 2.9 had some degree or type of paralysis; and 79.6 had some other type of orthopedic impairment, with those involving the back and trunk—alone or in combination with the extremities—accounting for about a half.

The rate of impairments among persons going to school or of preschool age was the lowest principally because of their ages. The impairments having the highest rates in this group were speech defects and impairments of the lower extremities, the same types that are most frequently found in persons under 25 years of age.

In table 6, impairments are shown according to whether a physician had been consulted in

the case, and if so whether this medical care had been obtained in the year preceding interview or before.

The date of onset of impairments is not shown in this report. However, it is known that many of these defects had existed since birth or for a very long time. When respondents are asked about medical consultation for impairments of long duration it is probable that some cases are reported as having never been seen by a physician when actually they had been. They may not have been medically attended within the memory of the respondent, or since birth, or, for impairments due to an accident, since the time of the original injury. It is likely, therefore, that the proportion

of impairments which had at any time been seen by a physician is underestimated in this survey.

The cases of paralysis show a high proportion "seen by a physician," with about 55 percent within the year, probably because of some continuing causative chronic disease. Absence of extremities, often caused by injury, had also been medically attended in almost all cases, but much of this medical care was over a year before the interview and had possibly been obtained during the first days or weeks following the original injury. Hearing and speech defects had the highest proportions reported as never having been called to the attention of a physician.

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Table 1. Number of impairments and rate per 1,000 persons by type of impairment and sex:
United States, July 1957-June 1958

[Data are based on household interviews during July 1957-June 1958. Data refer to the civilian noninstitutional population of continental United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and Information on the reliability of the estimates are given in Appendix 1. Definitions of terms are given in Appendix 11]

		of impai n thousan		Rate per 1,000 persons			
Type of impairment	Both sexes	Male	Female	Both sexes	Male	Female	
All impairments	23,815	13,170	10,644	141.4	160.8	123.1	
Blindness	960	382	578	5.7	4.7	6.7	
Other visual impairment	2,064	1,053	1,011	12.3	12.9	11.7	
Deafness, total	109	65	44	0.6	0.8	0.5	
Other hearing impairment	5,714	3,211	2,503	33.9	39.2	28.9	
Speech defects	1,098	706	392	6.5	8.6	4.5	
Mental retardation	240	133	107	1.4	1.6	1.2	
Cerebral palsy	112	64	48	0.7	0.8	0.6	
Hemiplegia, paraplegia, quadriplegia	257	130	127	1.5	1.6	1.5	
Other paralysis	570	293	277	3.4	3.6	3.2	
Absence, fingers, toes, only	1,428	1,195	233	8.5	14.6	2.7	
Absence, major extremities	282	210	72	1.7	2.6	0.8	
Absence, other sites and organs	202	65	137	1.2	0.8	1.6	
Curvature of spine	329	111	218	2.0	1.4	2.5	
Other impairment, back or spine	3,608	1,794	1,815	21.4	21.9	21.0	
Flatfoot; weak arches	218	117	100	1.3	1.4	1.2	
Clubfoot	104	59	45	0.6	0.7	0.5	
Other impairment, feet, legs	2,833	1,647	1,186	16.8	20.1	13.7	
Deformity, fingers, thumbs, only	243	130	113	1.4	1.6	1.3	
Other impairment, hands, arms	1,439	893	546	8.5	10.9	6.3	
Impairment, hip, pelvis	309	129	181	1.8	1.6	2.1	
Impairment, * multiple, ill-defined,							
limbs, back, trunk	779	400	379	4.6	4.9	4.4	
Disfigurement (facial), cleft palate,							
other dentofacial handicap	217	122	94	1.3	1.5	1.1	
All other impairments	700	262	439	4.2	3,2	5.1	

^{*}Except paralysis and absence.

Table 2. Number of impairments, percent distribution, and rate per 1,000 persons by type of impairment and age: United States, July 1957-June 1958

[Data are based on household interviews during July 1957-June 1958. Data refer to the civilian noninstitutional population of continental United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix 1. Definitions of terms are given in Appendix 1.

	Age					
Type of impairment	All ages	Under 25	25-44	45-64	65-74	75+
	Num	ber of	impairm	ents in	thousa	nds
All impairments	23,815	3,903	5,962	7,320	3,626	3,005
Blindness Other visual impairment Hearing impairments Speech defects	960 2,064 5,822 1,098 940 1,428 282 3,154	40 266 583 715 156 137 26 760	59 327 941 161 157 441 67 931	203 638 1,801 127 305 547 113 913	249 470 1,244 65 153 218 42 357	407 363 1,253 30 168 85 34 194
Impairment,* upper extremities Impairment,* limbs, back, trunk, except extremities	1,682	213	494	607	237	130
onlyAll other impairments	5,026 1,359	616	1,951	1,680	478 112	301 40
		Per	cent di	stribut	ion	
All impairments	100.0	100.0	100.0	100.0	100.0	100.0
Blindness Other visual impairment Hearing impairments Speech defects	4.0 8.7 24.4 4.6 3.9 6.0 1.2	1.0 6.8 14.9 18.3 4.0 3.5 0.7 19.5	1.0 5.5 15.8 2.7 2.6 7.4 1.1 15.6	2.8 8.7 24.6 1.7 4.2 7.5 1.5	6.9 13.0 34.3 1.8 4.2 6.0 1.2 9.8	13.5 12.1 41.7 1.0 5.6 2.8 1.1 6.5
Impairment,* upper extremities Impairment,* limbs, back, trunk, except extremities only	7.1 21.1 5.7	15.8 10.0	32.7 7.2	23.0	13.2 3.1	10.0
		Rate	per 1,	,000 per	sons	
All impairments	141.4	52.9	130.6	212.4	376.6	615.0
Blindness Other visual impairment Hearing impairments	5.7 12.3 34.6 6.5 5.6 8.5 1.7 18.7 10.0	0.5 3.6 7.9 9.7 2.1 1.9 0.4 10.3 2.9	1.3 7.2 20.6 3.5 3.4 9.7 1.5 20.4 10.8	5.9 18.5 52.2 3.7 8.8 15.9 3.3 26.5 17.6	25.9 48.8 129.2 6.8 15.9 22.6 4.4 37.1 24.6	83.3 74.3 256.4 6.1 34.4 17.4 7.0 39.7 26.6
All other impairments	8.1	5.3	9.4	11.2	11.6	8.2

^{*}Except paralysis and absence.

Table 3. Number of impairments and number and percent caused by injury by type of impairment and sex: United States, July 1957-June 1958

[Data are based on household interviews during July 1957-June 1958. Data refer to the civilian noninstitutional population of continental United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix 1. Definitions of terms are given in Appendix 11]

	Number of impairments			Caused by injury					
Type of impairment	(in	(in thousands)			Number		Percent		
	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female
All impairments	23,815	13,170	10,644	7,866	5,508	2,358	33.0	41.8	22.2
Blindness Other visual impairment Hearing impairments Speech defects Paralysis Absence, fingers, toes, only	960 2,064 5,822 1,098 940	382 1,053 3,276 706 487	578 1,011 2,547 392 453	82 374 750 30 117	62 284 644 20 94	20 90 106 10 23	8.5 18.1 12.9 2.7 12.4 90.3	16.2 27.0 19.7 2.8 19.3	3.5 8.9 4.2 2.6 5.1
Absence, major extremities Impairment, lower extrem-	282	210	72	190	168	22	67.4	80.0	30.6
Impairment, upper extrem- ities Impairment, limbs, back, trunk, except extremities	3,154 1,682	1,823	659	1,611	818	578 429	74.1	56.7 80.0	65.1
onlyAll other impairments	5,026 1,359	2,433 582	2,593 777	2,009 167	1,153 117	855 50	40.0 12.3	47.4 20.1	33.0 6.4

 $[^]st$ Except paralysis and absence.

Table 4. Number of impairments and number and percent with one or more bed-days by type of impairment: United States, July 1957-June 1958

(See headnote on table 3)

	Number of	With 1+ bed-days				
Type of impairment	impairments (in thousands)	Number (in thousands)	Percent			
All impairments	23,815	2,237	9.4			
Blindness Other visual impairment	960 2,064 5,822 1,098 940 1,428	77 151 89 59 274 46	8.0 7.3 1.5 5.4 29.1 3.2			
Absence, major extremities	282 3,154 1,682 5,026 1,359	31 364 121 885 141	11.0 11.5 7.2 17.6 10.4			

^{*}Except paralysis and absence.

Table 5. Number of impairments, percent distribution, and rate per 1,000 persons by type of impairment and major activity: United States, July 1957-June 1958

Data are based on household interviews during July 1957-June 1958. Data refer to the civilian noninstitutional population of continental United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix I.

of terms are given in Appendix iij	Major activity						
Type of impairment	Total	School and preschool	Usually working	Keeping house	Retired	Other	
	Number of impairments in thousands						
All impairments	23,815	2,719	9,585	6,271	3,432	1,808	
Blindness	960	33	113	326	341	146	
Other visual impairment	2,064	190	688	663	389	134	
Hearing impairments	5,822	420	2,169	1,624	1,281	328	
Speech defects	1,098	618	2,109	76	82	112	
Paralysis	940	129	171	178	260	201	
Absence, fingers, toes, only	1,428	74	920	136	207	91	
Absence, major extremities	282	23	112	26	67	54	
Impairment, * lower extremities	3,154	559	1,505	677	239	175	
Impairment, upper extremities	1,682	153	836	422	160	111	
Impairment, * limbs, back, trunk, except	1						
extremities only	5,026	263	2,409	1,748	343	263	
All other impairments	1,359	256	452	396	63	193	
		Per	cent dist	ribution			
All impairments	100.0	100.0	100.0	100.0	100.0	100.0	
Blindness	4.0	1.2	1.2	5.2	9.9	8.1	
Other visual impairment	8.7	7.0	7.2	10.6	11.3	7.4	
Hearing impairments	24.4	15.4	22.6	25.9	37.3	18.1	
Speech defects	4.6	22.7	2.2	1.2	2.4	6.2	
Paralysis	3.9	4.7	1.8	2.8	7.6	11.1	
Absence, fingers, toes, only	6.0	2.7	9.6	2.2	6.0	5.0	
Absence, major extremities	1.2	0.8	1.2	0.4	2.0	3.0	
Impairment, * lower extremities	13.2	20.6	15.7	10.8	7.0	9.7	
Impairment, * upper extremities	7.1	5.6	8.7	6.7	4.7	6.1	
Impairment, * limbs, back, trunk, except	21 1	0.7	25.1	27.0	10.0	17.5	
extremities onlyAll other impairments	21.1	9.7 9.4	25.1 4.7	27.9 6.3	10.0	14.5	
All other impairments	3.7	7.4	4.7	0.5	1.0	10.7	
		Rate	per 1,00	0 persons			
All impairments	141.4	44.3	160.6	174.4	560.0	348.6	
nite descri		0.5	1.0	0 1	55.0	20.0	
Blindness	5.7	0.5	1.9	9.1	55.6	28.2	
Other visual impairment	12.3	3.1	11.5	18.4	63.5	25.8	
Hearing impairments	34.6	6.8	36.3	45.2	209.0 13.4	63.2	
Paralysis	6.5	10.1	3.5	2.1 4.9	42.4	38.8	
Absence, fingers, toes, only	8.5	2.1 1.2	2.9 15.4	3.8	33.8	17.5	
Absence, major extremities	1.7	0.4	1.9	0.7	10.9	10.4	
Impairment,* lower extremities	18.7	9.1	25.2	18.8	39.0	33.7	
Impairment, * upper extremities	10.0	2.5	14.0	11.7	26.1	21.4	
Impairment, * limbs, back, trunk, except	10.0	2.0	14.0	11./	20.1	21.4	
extremities only	29.9	4.3	40.4	48.6	56.0	50.7	
All other impairments	8.1	4.2	7.6	11.0	10.3	37.2	

^{*}Except paralysis and absence.

Table 6. Number and percent of impairments by medical care status and type of impairment: United States, July 1957-June 1958

[Data are based on household interviews during July 1957-June 1958. Data refer to the civillan noninstitutional population of continental United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix 1. Definitions of terms are given in Appendix 1.

		See	n by phy	sician	
Type of impairment	Total	At any time	Within past year	Prior to past year	Never seen by physician
	Nu	mber of	impairme	nts in tho	usands
All impairments	23,815	19,566	7,518	12,049	4,249
BlindnessOther visual impairment	960 2,064 5,822	873 1,937 3,966	419 873 1,186	454 1,064 2,780	87 127 1,856
Speech defects	1,098 940 1,428	651 915 1,392	226 513 91	425 403 1,301	447 24 36
Absence major extremities Impairment,* lower extremities Impairment,* upper extremities	282 3,154 1,682	279 2,701 1,476	71 1,024 469	208 1,677 1,007	3 453 206
Impairment, limbs, back, trunk, except extremities only	5,026 1,359	4,106 1,269	1,958	2,149 581	920 90
		Per	cent dis	tribution	
All impairments	100.0	82.2	31.6	50.6	17.8
Blindness Other visual impairment Hearing impairments	100.0 100.0 100.0	90.9 93.8 68.1	43.6 42.3 20.4	47.3 51.6 47.7	9.1 6.2 31.9
Speech defects	100.0 100.0 100.0	59.3 97.3 97.5	20.6 54.6 6.4	38.7 42.9 91.1	40.7 2.6 2.5
Absence, major extremities Impairment,* lower extremities Impairment,* upper extremities	100.0 100.0 100.0	98.9 85.6 87.8	25.2 32.5 27.9	73.8 53.2 59.9	1.1 14.4 12.2
Impairment, limbs, back, trunk, except extremities only	100.0	81.7 93.4	39.0 50.6	42.8 42.8	18.3 6.6

^{*}Except paralysis and absence.

Table 7. Population used in obtaining rates shown in this publication by sex, age, and major activity: United States, July 1957-June 1958

Data are based on household interviews during July 1957-June 1958. Oata refer to the civilian noninstitutional population of continental United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix 1. Definitions of terms are given in Appendix 11]

of terms are given in Appendix iii								
		Major activity						
Sex and age	Total	School and preschool	Usually working	Keeping house	Retired	Other		
	Population in thousands							
Both sexes			1	l				
All ages	168,369	61,400	59,692	35,961	6,129	5,186		
Under 25	73,730 45,656 34,470 9,627 4,886	61,023 361 (*) (*)	7,136 28,567 21,282 2,290 417	3,516 15,620 11,074 4,010 1,741	766 2,961 2,402	2,055 1,108 1,336 362 325		
<u>Male</u> All ages	81,906	31,623	42,004	(*)	4,855	3,366		
Under 25	36,640 21,885 16,739 4,511 2,131	31,352 267 (*) (*)	4,047 20,793 15,058 1,767 339	(*) (*) (*) (*) (*)	644 2,517 1,694	1,221 813 1,015 221 96		
<u>Female</u> All ages	86,463	29,777	17,689	35,903	1,275	1,820		
Under 25	37,089 23,772 17,731 5,116 2,755	29,671 94 (*) (*)	3,089 7,775 6,224 523 77	3,495 15,609 11,054 4,006 1,739	121 445 709	834 294 321 140 230		

^{*}The number in this category is too small to show separate estimates.

NOTE: For official population estimates for more general use, see Bureau of the Census reports on the civilian population of the United States, in Current Population Reports: Series P-20, P-25, P-50, P-57, and P-60.

APPENDIX I

TECHNICAL NOTES ON METHODS

Background of This Report

This report on <u>Impairments</u> is one of a series of statistical reports which cover separate health-related topics prepared by the U. S. National Health Survey. The report is based on information collected in the nationwide continuing sample household-interview survey which is a main aspect of the program.

The household-interview survey uses a questionnaire which, in addition to personal and demographic characteristics, requests information on illnesses, injuries, chronic conditions, medical care, dental care, and hospitalization. As interview data relating to each of these various broad subject areas are tabulated and analyzed, separate reports are issued covering one or more specific topics. The present report on impairments is based on the consolidated sample for 52 weeks of interviewing ending June 28, 1958.

The population covered by the sample for the household-interview survey is the civilian population of the continental United States living at the time of interview. Although the sample collection covers persons living as inmates of resident-type institutions, data for these persons are not included in the figures given in these reports pending special study of the applicability of an interview-type questionnaire to these persons. The sample does not include members of the Armed Forces, United States nationals living in foreign countries, and crews of vessels.

Statistical Design of the Household-Interview Survey

General plan.—The sampling plan of the survey follows a multistage probability design which permits a continuous sampling of the civilian population of the United States. The first stage of this design consists of an area sample of 372 from among approximately 1,900 geographically defined Primary Sampling Units (PSU's) into which the continental United States has been divided. A PSU is a county, a group of contiguous counties, or a Standard Metropolitan Area.

With no loss in general understanding, the remaining stages can be telescoped and treated in this discussion as an ultimate stage. Within PSU's, then, ultimate stage units called segments are defined, also geographically, in such a manner that each segment contains an expected six households in the sample. Each week a random sample of about 120 segments is drawn. In the approximately 700 households in those segments persons are interviewed concerning illnesses, injuries, chronic conditions, disability, and other factors related to health

The household members interviewed each week are a representative sample of the population so that samples for successive weeks can be combined into larger samples for, say a calendar quarter, or a year. Thus the design permits both continuous measurement of characteristics of high incidence or prevalence in the population, and through the larger consolidated samples

more detailed analysis of less common characteristics and smaller categories. The continuous collection has administrative and operational advantages, as well as technical assets, since it permits field work to be handled with an experienced, stable staff,

Sample size and geographic detail.—The national sample plan over a 12-month period includes approximately 115,000 persons from 36,000 households in 6,000 segments, with representation from every State. The over-all sample was designed in such a fashion that tabulations from the annual sample can be provided for various geographic sections of the United States and for urban and rural sectors of the Nation.

Collection of data.—The field operations for the household survey are performed by the Bureau of the Census under specifications established by the Public Health Service. In accordance with these specifications the Bureau of the Census designs and selects the sample, conducts the field interviewing acting as collecting agent for the Public Health Service, and edits and codes the questionnaires. Tabulations are prepared by the Public Health Service using the Bureau of the Census electronic computers.

Estimating methods.—Each statistic produced by the survey—for example, the number of cases of hearing impairment—is the result of two stages of ratio estimation. In the first of these, the ratio factor is 1950 decennial population count to estimated population for 1950 for the U. S. National Health Survey first-stage sample of PSU's. These factors are applied for 132 color-residence classes.

Later, ratios of sample-produced estimates of the population to official Bureau of the Census figures for current population in 76 age-sex-color classes are computed, and serve as second-stage factors for ratio estimating.

The effect of the ratio estimating process is to make the sample more closely representative of the population by age, sex, color, and residence, thus reducing sampling variance.

Each week's sample represents the population living during that week and characteristics of that population. Consolidation of samples over a time period, say a calendar quarter, produces estimates of average characteristics of the United States population for that calendar quarter.

For prevalence statistics, such as number of cases of blindness, figures are first calculated for each calendar quarter by averaging estimates for all weeks of interviewing in that quarter. Prevalence data for a year are then obtained by averaging the four quarterly figures.

The interviewing and estimation procedures, as noted earlier, are designed to reproduce the experience in the reference period of the questionnaire for the population living at the time of interview.

General Qualifications

Nonresponse. — Data were adjusted for nonresponse by a procedure which imputed to persons in a household

not interviewed the characteristics of interviewed persons in the same segment. The total noninterview rate was 6 percent; 1 percent was refusal, and the remainder was accounted for by all other reasons, such as failure to find any household respondent after repeated trials.

The interview process.—The statistics presented in this report are based on replies secured in interviews of persons in the sampled households. Each person 18 years and over, available at the time of interview, was interviewed individually. Proxy respondents within the household were accepted for children and for adults not available at the time of the interview provided the respondent was closely related to the person about whom information was being obtained.

There are limitations to the accuracy of diagnostic and other information collected in household interviews. For diagnostic information the household respondent can, at best, pass on to the interviewer only the information the physician has given to the family. For conditions not medically attended, diagnostic information is often no more than a description of symptoms. However, other types of facts such as those concerning the circumstances and consequences of illness or injury and the resulting action taken or sought by the individual can be obtained more accurately from household members than from any other source, since only the persons concerned are in a position to report all of this type of information.

Rounding of numbers.—The original tabulations on which the data in this report are based show all estimates to the nearest whole unit. All consolidations were made from the original tabulations using the estimates to the nearest unit. In the final published tables the figures are rounded to the nearest thousand, although they are not necessarily accurate to that detail. Derived statistics such as rates and percent distributions are computed after the estimates on which they are based have been rounded to the nearest thousand.

Population figures.—Some of the published tables include population figures for specified categories. Except for certain overall totals by age, sex, and color (which are independently estimated), these figures are based on the sample of households in the U. S. National Health Survey. They are given primarily for the purpose of providing denominators for rate computation, and for this purpose are more appropriate for use with the accompanying measures of health characteristics than other population data that may be available. In some instances they will permit users to recombine published data into classes more suitable to their specific needs. With the exception of the overall totals by age, sex, and color mentioned above, the population figures may in some cases differ from corresponding figures (which are derived from different sample surveys) published in reports of the Bureau of the Census. For population data for general use, see the official estimates presented in Bureau of the Census reports in the P-20, P-25, P-50, P-57, and P-60 series.

Reliability of Estimates

Since the estimates are based on a sample, they will differ somewhat from the figures that would have been obtained if a complete census had been taken using the same schedules, instructions, and interviewing personnel and procedures. As in any survey, the results are also subject to measurement error.

The standard error is primarily a measure of sampling variability, that is, the variations that might occur by chance because only a sample of the population is surveyed. As calculated for this report, the standard error also reflects part of the variation which arises in the measurement process. It does not include estimates of any biases which might lie in the data. The chances are about 68 out of 100 that an estimate from the sample would differ from a complete census by less than the standard error. The chances are about 95 out of 100 that the difference would be less than twice the standard error and about 99 out of 100 that it would be less than 2½ times as large.

The estimates of standard errors shown in tables I through III are approximations for the 372-area sample. Table I shows the average estimates of standard errors for three selected statistics from this report. The figures presented in tables II and III that appear at the end of this Appendix may be used by the reader to determine standard errors for other statistics.

In order to derive standard errors which would be applicable to a wide variety of health statistics and which could be prepared at a moderate cost, a number of approximations were required. As a result, the tables should be interpreted as providing an estimate of approximate standard error rather than as the precise standard error for any specific aggregate or percentage.

Table I. Standard error of estimates of selected statistics

The statistic	Sample estimate (b)	Standard error (c)
Total number of impairments	23,800,000	500,000
ments, persons 75 years of age and over	3,000,000	150,000
Number of cases of blindness	1,000,000	70,000

NOTE: For the statistic named in column a, the chances are 68 out of 100 that the difference between the sample estimate shown in column b and the figure that would have been obtained from a complete census is less than the number shown in column c.

Three classes of statistics for the health survey are identified for purposes of estimating variances.

Narrow range.—This class consists of (1) statistics which estimate a population attribute—i.e., number of persons with a specified characteristic; example: number of persons with speech defects; and (2) statistics for which the measure for a single individual for the period of reference in the questionnaire is usually either the value 0 or 1, but on occasion may take on the value 2, or very rarely 3.

Medium range.—This class consists of other statistics for which the measure for a single individual for the period of reference in the questionnaire will rarely lie outside the range 0 to 5; example; total number of impairments.

Variable	Use sampling error table indicated below
Total number of impairments (for any demographic class of the population.)	Table II, Medium range
Number of impairments of a specified impairment type (for any demographic class of the population.)	Table II, Narrow range
Rate of impairment per 1,000 persons (rate must first be converted to ratio in which numerator is estimated number of impairments for the category and denominator is estimated number of persons in the category; table III is entered with this numerator and denominator; entry in body of table III must be multiplied by 10 to apply to rate per 1,000 persons.)	Table III for rates based on age and sex groups. For rates based on other groups, treat as though rule 3(b) below applied.
Percentage distributions of impairments	Table III
Total number of impairments, by whether caused by injury	Table II, Medium range
Number of a type of impairment by whether caused by injury	Table II, Narrow range
Percent of impairments in a class with 1+ bed-days	Table III
Percentage distribution of impairments by whether seen by physician	Table III

Wide range.—This class consists of statistics for which the measure for a single individual for the period of reference in the questionnaire will range from 0 to a number frequently in excess of 5. (There were no Wide-range statistics presented in this report.)

Sampling errors for Narrow- and Wide-range statistics were read from curves which have been fitted to computed standard errors for a number of appropriate items for four quarters of sampling. Sampling errors for Medium-range statistics are midpoint interpolations between the sampling errors for the Narrow- and Widerange statistics.

Only those sampling error tables applicable to data contained in this report are presented here. Those shown are the sampling error tables for Narrow- and Medium-range statistics.

General rules for determining sampling errors.—
The "guide" shown above, together with the following rules will enable the reader to determine sampling errors from tables II and III for the statistics presented in this report.

1. Estimates of aggregates: Standard errors for estimates of aggregates are given in table II, with the following exception. Where the aggregate consists of the number of persons in an age or sex category of the population for which the number of such persons is a large part of the total population in the age or sex cate-

gory, table II overstates the sampling error by a significant amount. Such a statistic has the same relative standard error 1 as does the estimated number expressed as a percent of the total population in the category. Table III may be utilized for computing standard errors for this group of estimates.

2. Estimates of percentages: Standard errors for estimates of percentages are given in table III.

3. Estimates of ratios or rates: (a) Where the numerator of the rate is a subclass of the base or denominator, use table III to obtain the sampling error. (b) Where the numerator is not a subclass of the denominator, a rough approximation of the sampling error may be obtained as follows. The relative standard error of the ratio is equal to the square root of the sum of the squares of the relative standard errors of the numerator and the denominator. This will normally give an overestimate of the true sampling error.

4. Differences between two sample estimates: The standard error of a difference is approximately the square root of the sum of the squares of each standard error considered separately. This formula will represent the actual standard error quite accurately for the difference between separate and uncorrelated characteristics although it is only a rough approximation in most other cases.

The relative standard error for any statistic is the standard error divided by the statistic itself.

Table II. Standard errors of estimates of aggregates

(All numbers shown in thousands)

	Stand	ard error
Size of estimate	Narrow- range statistics	Medium- range statistics
100	22	
500	50	60
1,000	70	90
2,000	100	120
2,000	100	120
3,000	120	150
5,000	160	200
10,000	220	300
20,000	300	450
20,000==	300	450
30,000	330	590
50,000	350	830
100,000-	400	1,400
200,000-		1,400
200,000-	•••	• • •

Illustration of use of table II.—Persons, ages 45-64, accounted for 1,801,000 hearing impairments. Since a person could be classified only once in this specific impairment category, this is a Narrow-range statistic. Reading the proper column of table II it is tound that a statistic of 1,000,000 has a standard error of 70,000 and a statistic of 2,000,000 has a standard error of 100,000. Interpolating between these values the appropriate standard error of the estimated 1,801,000 hearing impairments is 94,000.

Table III. Standard error of estimated percentage for narrow- and medium-range statistics (body of table expressed in percentage points)

Estimated			В	ase of	percent	age (ba	se is sh	own in t	housands)	
percentage	100	500	1,000	2,000	3,000	5,000	10,000	20,000	30,000	50,000	100,000
2 or 98 5 or 95	3.6 5.6 6.8 9.8 12.9	1.6 2.5 3.0 4.4 5.8	1.1 1.8 2.1 3.1 4.1	0.8 1.3 1.5 2.2 2.9	0.7 1.0 1.2 1.8 2.4	0.5 0.8 1.0 1.4 1.8	0.4 0.6 0.7 1.0	0.3 0.4 0.5 0.7	0.2 0.3 0.4 0.6 0.7	0.2 0.3 0.3 0.4 0.6	0.1 0.2 0.2 0.3 0.4

Illustration of use of table III. —Of the estimated 9,585,000 impairments of persons "usually working," 9.6 percent were identified as absence of fingers or toes. Since a person could be classified only once in this specific impairment category, it is a Narrow-range variable, and since the estimate is a percentage, table III is appropriate. In table III, for a base of 5,000,000, a statistic of 5 percent has a standard error of 0.8 percentage point. A statistic of 10 percent has a standard error of 1.0 percentage point. Interpolating, a statistic of 9.6 percent with a base of 5,000,000 would have a standard error of 0.98 percentage point. Corresponding calculations for a base of 10,000,000 produce a standard error of 0.69 percentage point for the statistic 9.6 percent. A final interpolation between these two results yields an estimate of 0.71 percentage point which rounds to 0.7 as the approximate standard error for a percentage 9.6, with a base of 9,585,000. (Interpolation has been carried out in two dimensions in this example. For most purposes, a simple scanning of table III will reveal an approximate answer which is sufficiently precise.)

APPENDIX II

DEFINITIONS OF CERTAIN TERMS USED IN THIS REPORT. AND CLASSIFICATION OF IMPAIRMENTS (X-Code)

Age. —The age recorded for each person is the age at last birthday. Age is recorded in single years and grouped in a variety of distributions depending upon the purpose of the table. The age groups used in this report are shown in tables 2 and 7.

Major activity. - All persons 6 years old or over are classified according to their major activity during the 12-month period prior to the week of interview. The "major" activity, in case more than one is reported, is the one at which the person spent the most time during the 12-month period.

For the purposes of this report persons under 6 years of age are called "preschool" and are grouped

with those usually going to school.

The categories of major activity are: usually working, usually going to school, usually keeping house, retired, and other, For several reasons these categories are not comparable with somewhat similarly named categories in official Federal labor force statistics, In the first place, the responses concerning major activity are accepted without detailed questioning, since the objective of the question is not to estimate the numbers of persons in labor force categories but to identify certain population groups which may have differing health problems. In the second place, the figures represent the major activity over the period of an entire year, whereas official labor force statistics relate to a much shorter period, usually one week. Finally, in the definitions of the specific categories which follow, certain marginal groups are classified in a different manner to simplify the procedures.

1. Usually working includes paid work as an employee for someone else; self-employment in own business, or profession, or in farming; and unpaid work in a family business or farm. Work around the house, or volunteer or unpaid work, such as for church, Red Cross, etc., is not counted

as working.

2. Usually going to school means attendance at a regular school or college which advances a person toward an elementary or high school diploma or a college degree.

3. Usually keeping house includes any activity described as "keeping house" which cannot be classified as "working" or "going to school."

- 4. Retired includes persons 50 years old or over who consider themselves to be retired, In case of doubt, a person 50 years old or over is counted as retired if he, or she, has either voluntarily or involuntarily stopped working, is not looking for work, and is not described as "keeping house." A retired person may or may not be unable to work.
- 5. Other includes persons 6 years of age or over not classed in any of the other categories. Examples of inclusions are: a person who states that he spent most of the past 12 months look-

ing for work, a person doing volunteer work only. a person under 50 years of age who describes himself as "retired" or "taking it easy," a person under 50 years of age who is described as "unable to work," or "unable to go to school," or a person 50 years of age or over who describes himself as "unable to work" and is not "retired."

Condition. — A morbidity condition, or simply a condition, is any entry on the questionnaire which describes a departure from a state of physical or mental wellbeing. It results from a positive response to one of the questions 11-17 called "illness-recall" questions. Hence, an impairment is one type of morbidity condition. In the coding and tabulating process, conditions are selected or classified according to a number of different criteria, such as, whether they were medically attended; whether they resulted in disability; whether they were acute or chronic; or according to the type of disease, injury, impairment, or symptom reported. For the purposes of each published report or set of tables. only those conditions recorded on the questionnaire which satisfy certain stated criteria are included.

Conditions, except impairments, are coded by type according to the International Statistical Classification of Diseases, Injuries, and Causes of Death with certain modifications adopted to make the code more suitable for a household-interview-type survey. For survey results for the year ending June 30, 1958, the 1948 Revision of the International Classification was used. Impairments are coded according to the Classification of Impairments (X-Code), shown later in this Appendix.

Chronic condition. - A condition is considered to be chronic if (1) it is described by the respondent in terms of one of the chronic diseases on the "Check List of Chronic Conditions" or in terms of one of the types of impairments on the "Check List of Impairments," or (2) the condition is described by the respondent as having been first noticed more than 3 months before the week of the interview. All impairments are chronic conditions.

Medically attended impairment. - Any condition (and hence any impairment) for which a physician was consulted is called a medically attended condition.

A condition is considered to have been medically attended if a physician was consulted about it at its onset or at any time thereafter prior to the time of interview. An impairment is counted as medically attended whether the medical care was received for the initial disease or injury or for the resulting impairment.

Consulting a physician includes consultation in person or by telephone for treatment or advice. Advice from the physician transmitted to the patient through the nurse is counted as medical consultation as well as visits to physicians in clinics or hospitals. If at one visit the physician is consulted about more than one condition for each of several patients, each condition is counted as medically attended.

A parent consulting a physician about a child's condition is counted as medical consultation about that condition even if the child was not seen by the physician at that time.

For the purpose of this definition "physician" includes doctors of medicine and osteopathic physicians. The term "doctor" is used in the interview, rather than "physician," because of the need to keep to popular usage. However, the concept toward which all instructions are directed is that which is described here.

Bed-disability day.—A bed-disability day, sometimes for brevity referred to as a "bed-day," is a day on which a person was kept in bed either all or most of the day because of an illness or an injury. "All or most of the day" is defined as more than half of the daylight hours. All hospital days are included as bed-disability days even if the patient was not actually in bed at the hospital.

Impairments—general definition and method of coding.—The term "impairment," as used in the U. S. National Health Survey, refers to certain chronic or permanent defects, disabling or not, representing, for the most part, decrease or loss of ability to perform certain functions, particularly those of the musculoskeletal system and special senses. Impairments are restricted to conditions included in the Classification of Impairments (referred to as the X-Code) and are coded by type, site, and etiology according to that classification. Type and site are expressed by the numbers X00-X99, and etiology is indicated by adding to each type the appropriate 1-digit code from one of the two lists

of etiologic factors. The etiological classification is not used in the present report except for the identification of impairments due to injury.

Impairments are usually residuals of old injuries or past, inactive diseases or influences, but they may be due to continuing active chronic diseases. If the originating cause is now inactive or cured, or unknown, the impairment only is coded with its 1-digit etiologic code. If the cause is an active chronic disease, the cause is usually coded also, in terms of the code numbers of the International Statistical Classification (referred to as the ISC); however, if the impairment is one of the types in X70-X79, or in X96, X97, and is due to a specified active chronic disease, the disease only is coded. Thus, the types of less structurally specific orthopedic difficulties in X70-X79, and the variations from normal body weight in X96, X97 are excluded from the total count of impairments if they are due to, and more or less inherent in, the current underlying disease causing them.

Examples:

Paraplegia due to old war injury	X44.9
Trouble with spine, cause unknown	X70.0
Overweight - hereditary	X96.Y
Missing foot due to diabetes	X29.5 and 260
Trouble in seeing due to glaucoma	X05.4 and 387
Foot trouble due to active arthritis	725
Overweight due to thyroid	
deficiency	253
•	

CLASSIFICATION OF IMPAIRMENTS (X-Code)

History and Purpose

This classification of impairments was developed by the Division of Public Health Methods in the years 1955-1956 in order to provide—in the relatively simple detail required for household-health surveys—a method of coding certain residuals of diseases and injuries so that both the present effect and the underlying cause could be reflected within one diagnostic code.

The X-Code is essentially a rearrangement and expansion of the Supplementary Y-Codes, Y50-Y88, of the ISC,

volume I.

Abbreviations and Special Use of Parentheses

NOS = not otherwise specified
NEC = not elsewhere classified

In addition to the usual purpose, parentheses are used to enclose words or phrases that may or may not be specified but, if used with a given diagnosis, do not change the code assignment of that diagnosis. For example, "paralysis (complete) both legs X44" means that the code number is X44 whether or not the modifier "complete" is specified.

LIST OF IMPAIRMENTS, BY TYPE AND SITE (X00-X99)

Impairment of Vision (X00-X05)

- X00 Blindness, both eyes; blindness NOS
- X01 Blind in one eye, other eye defective but not blind
- X02 Blind in one eye, other eye good or not mentioned
- X05 Impaired vision except as in X00-X02, one or both eyes

Impairment of Hearing (X06-X09)

- X06 Deafness, total, both ears; deaf-mutism
- X07 Impaired hearing, severe (both ears)
- X09 Impaired hearing except as in X06, X07

Impairment of Speech, Intelligence, Special Sense (X10-X19)

- X10 Stammering, stuttering
- X11 Other speech defect

Excludes deaf-mutism (X06) and cleft palate speech (X91)

- X12 Loss or impairment of sense of smell and/or taste
- X13 Loss or disturbance of sensation NEC
- X14 Special learning disability (reading)
- X15 Mental deficiency, mongolism
- X16 Mental deficiency, severe except in mongolism
- X17 Mental deficiency, moderate
- X18 Mental deficiency, mild
- X19 Mental deficiency, degree not specified

Absence, Loss, All Sites Except as in X00-X19, X92 (X20-X39)

Upper Extremity

- X20 Arm, at or above elbow, and arm NOS
- X21 Arm, below elbow and above wrist
- X22 Arms, both
- X23 Hand, except fingers or thumbs only
- X24 Hands, both, except fingers or thumbs only
- X25 Fingers and/or thumbs, only, one or both hands

Lower Extremity

- X26 Leg, at or above knee, and leg NOS
- X27 Leg, below knee and above ankle
- X28 Legs, both
- X29 Foot, except toe(s) only
- X30 Feet, both, except toes only
- X31 Toe(s), only, one or both feet

Absence, Loss-Continued

Upper and Lower Extremities

- X32 One upper (arm or hand) with one lower (leg or foot), except digits only
- X33 Three or more (arm, hand, leg, foot) except digits only
- X34 Fingers and/or thumb(s) and toe(s)

Other Sites

- X35 Digestive organ
- X36 Respiratory organ
- X37 Urinary organ
- X38 Genital organ, breast
- X39 Site or organ NEC

Paralysis, Complete or Partial, All Sites, Except as in X00-X19 (X40-X69)

Paralysis NOS (Complete) of Extremities and Trunk (X40-X49)

- X40 Upper extremity, one, except fingers only
- X41 Upper extremities, both
- X42 Finger(s) only
- X43 Lower extremity, one, any part except toes only
- X44 Lower extremities, both (paraplegia)
- X45 Toes only
- X46 Paraplegia with bladder or anal sphincter involvement
- X47 One side of body, one upper and one lower, same side (hemiplegia)
- X48 Three or more major members, or entire body (quadriplegia)
- X49 Paralysis NOS, or of other sites of extremities or trunk (complete)

Cerebral Palsy; Paralysis, Partial, of Extremities and Trunk (X50-X59)

- X50 Cerebral palsy (and synonyms)
 - Includes "spastic" if present since birth (congenital)
- X51 Partial paralysis, arm(s) or finger(s)
- X52 Partial paralysis, leg(s) any part(s)
- X53 Partial paralysis, one side of body (hemiparesis)
- X54 Partial paralysis, other sites of extremities or trunk
- X59 Partial paralysis, palsy, paresis NOS

Paralysis, Complete or Partial, Sites Except Extremities or Trunk (X60-X69)

- X60 Paralysis, complete or partial, face
- X61 Paralysis, complete or partial, bladder or anal sphincter, without mention of paralysis of extremities
- X69 Paralysis, complete or partial, sites <u>not</u> of extremities, trunk, nor affecting special senses or speech

Non-Paralytic Orthopedic Impairment, NEC (X70-X79)

Excludes conditions in X20-X69, X80-X99 and "disc" conditions in ISC 735

Orthopedic Impairment NEC Involving

- X70 Back NOS, spine NOS, vertebra NOS (low) (lumbosacral) (sacro-iliac)
- X71 Cervical or thoracic region of back, spine, vertebrae
- X72 Coccygeal region of back, spine, vertebrae
- X73 Shoulder, upper arm, forearm above wrist; arm NOS
- X74 Wrist, hand, finger, thumb
- X75 Hip and/or pelvis
 - Excludes congenital dislocation of hip (X85,X)
- X76 Knee, leg NOS
- X77 Ankle, foot, toe
- X78 Multiple sites except as in X70-X77 (back and leg(s)), (fingers and toes), (leg(s) and arm (s)), (arms and back), (entire body)
- X79 Other and ill-defined sites

Includes: rib; trunk NOS; "side"; limping NOS; "trouble in walking," NOS

Specified Deformity of Limbs, Back, Trunk (X80-X89)

- X80 Curvature of spine
- X81 Spina bifida (with meningocele)
- X82 Flatfoot; weak or fallen arches
- X83 Clubfoot
- X84 Deformity, other and multiple, lower extremity, NEC
- X85 Dislocation, congenital, and other deformity hip and/or pelvis
- X86 Deformity, neck or shoulder region
- X87 Deformity finger(s), thumb(s), only
- X88 Deformity, upper extremity, except as in X86, X87
- X89 Deformity, back, spine, trunk, NEC

Includes: pigeon breast; cervical rib; postural defect NEC; deformed back NEC; deformed spine NEC

Defect, Abnarmality, Impairment, NEC (X90-X99)

- X90 Disfigurement, scarring, face, nose, lips, ears
- X91 Cleft palate and harelip (with speech defect)
- X92 Other dentofacial handicap

Includes: malocclusion; congenital anomalies of teeth; deformity of jaw; absence, or deficient number of teeth; deformities of palate and of other oral structures NEC

- X93 Deformity of skull (hydrocephaly) (microcephaly)
- X94 Dwarfism
- X95 Gigantism (excessively overheight)
- X96 Obesity (excessively overweight)
- X97 Excessively underweight
- X98 Artificial orifice (opening) or valve (surgical), any site (colostomy)
- X99 Impairment, ill-defined site

Includes: "birth injury" or "brain injury," at ages 3 months or over, without statement about type of residual; deformed NEC, site or type not indicated. Includes also ill-defined "aftereffects," type not specified, of tuberculosis of bones and joints, gonococcal infection, poliomyelitis, encephalitis, rickets

LISTS OF 1-DIGIT ETIOLOGY CODES

Far Visual Impairments Only (X00-X05)

- .0 Unknown or unspecified origin
- .1 Refractive errors (congenital)
- ,2 Strabismus; other disorders of ocular movement (congenital)
- .3 Cataract, any origin except traumatic (with any other cause in 1-6)
- 4 Glaucoma (congenital)
- .5 Affections of the retina (congenital) (with any other local disease of eye except cataract)
- .6 Optic atrophy NEC and other local diseases of eye NEC
- .7 General infectious diseases (as in ISC 001-138)
- .8 General acquired noninfectious diseases (as in ISC 140-369, 400-468, 590-594)
- .9 Accident or injury except at birth
- .X Congenital origin NEC or birth injury
- Y Diseases and conditions not in 0-9 or X (noncongenital) (nontraumatic) (noninfectious) (not localized to eye) (hereditary) (old age)

Far All Impairments Except of Visian (X06-X99)

- .0 Unknown or unspecified origin
- .1 Tuberculosis, any site
- .2 Poliomyelitis
- .3 Other infection or inflammation; ulcer; any site (general) (local) (scarlet fever) (meningitis) (arthritis) (etc.)
- .4 Neoplasm
- .5 Diabetes (with gangrene)
- .6 Diseases of arteries (with gangrene) (as in ISC 450-456)
- .7 Vascular lesions, central nervous system (as in ISC 330-334)
- .8 Rickets and osteomalacia
- .9 Accident or injury except at birth
- X Congenital origin or birth injury
- .Y Diseases and conditions except as in 0-9 or X (noncongenital) (nontraumatic) (noninflammatory) (hereditary) (old age)

ISC CATEGORIES REPLACED BY X-CODE CATEGORIES

533.7

The following categories of the ISC which are specific for types of impairments in the X-Code or for late effects of certain diseases are not used in the coding for the National Health Survey; they have been replaced by the categories in X00-X99 or have been incorporated into the lists of etiologic factors used in conjunction with the X-Code:

013	Late effects of tuberculosis of bones and joints
035	Late effects of gonococcal infection
081	Late effects of acute poliomyelitis
083.3	Postencephalitic conditions except Parkinsonism (083.0) and psychiatric conditions
	(083,1, 083,2)
284	Late effects of rickets
287	Obesity
325	Mental deficiency
326.0	Specific learning defects
326.1	Stammering and stuttering of nonorganic origin
326.2	Other speech impediments of nonorganic origin
344	Late effects of intracranial abscess or pyogenic infection
351	Cerebral spastic infantile paralysis
352	Other cerebral paralysis
389	Blindness
397	Deaf-mutism
398	Other deafness

533.0 Malocclusion

533.5 Congenital anomalies of teeth

Other disorders of tooth development 726.2 Torticollis 734 Internal derangement of knee joint 736 Affection of sacro-iliac joint 737 Ankylosis of joint 745 Curvature of spine 746 Flat foot Hallux valgus and varus 747 748 Clubfoot 749 Other deformities 751 Spina bifida and meningocele 752 Congenital hydrocephalus 755 Cleft palate and harelip 758.0 Congenital dislocation of hip 758.2 Congenital malformations of skull 758.4 Cervical rib 758.5 Congenital abnormalities of lumbosacral region Enucleation of eye. N871 N886-N888 Traumatic amputation of upper extremities N896-N898 Traumatic amputation of lower extremities

The ISC has no categories within its numbers 001-999 exclusively for such conditions as: absence of part, all sites; paralysis, all sites; defective vision not blindness; limitation of motion not paralysis; facial disfigurement; artificial orifice or valve; dwarfism; underweight; and certain other impairments included in the X-Code,

X-CODE INCLUSIONS USED IN TABLES 1-6 OF THIS REPORT

Detailed List of Impairments, Table 1. with X-Code Inclusions

Short List of Impairments, Tables 2-6, with X-Code Inclusions

Blindness (X00)

Other visual impairment (X01-X05)

Deafness, total (X06)

Other hearing impairment (X07-X09)

Speech defects (X10, X11)

Mental retardation (X15-X19)

Cerebral palsy (X50)

Hemiplegia, paraplegia, quadriplegia

(X44, X46-X48)

Other paralysis (X40-X43, X45, X49, X51-X69)

Absence, fingers, toes, only (X25, X31, X34) Absence, major extremities (X20-X24,

X26-X30, X32, X33)

Absence, other sites and organs (X35-X39)

Curvature of spine (X80)

Other impairment,* back or spine (X70-X72, X81)

Flatfoot; weak arches (X82) Clubfoot (X83)

Other impairment,* feet, legs (X76, X77, X84)

Deformity, fingers, thumbs, only (X87) Other impairment,* hands, arms

(X73, X74, X88)

Impairment,* hip, pelvis (X75, X85)

Impairment,* multiple, ill-defined, limbs, back, trunk (X78, X79, X86, X89)

Disfigurement (facial), cleft palate, other dentofacial handicap (X90-X92)

All other impairments (X12-X14, X93-X99,

Blindness (X00)

Other visual impairment (X01-X05)

Hearing impairments (X06-X09)

Speech defects (X10, X11)

Paralysis (X40-X69)

Absence, fingers, toes, only (X25, X31, X34) Absence, major extremities (X20-X24,

X26-X30, X32, X33)

Impairment,* lower extremities (X76, X77, X82-X84)

Impairment,* upper extremities (X73, X74, X87, X88)

Impairment,* limbs, back, trunk, except extremities only

(X70-X72, X75, X78, X79, X80, X81, X85, X86, X89)

All other impairments (X12-X19, X35-X39, X90-X99)

^{*}Except paralysis and absence.

APPENDIX III

QUESTIONNAIRE

The items below show the exact content and wording of the questionnaire used in the household survey. The actual questionnaire is designed for a household as a unit and includes additional spaces for reports on more than one person.

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If Mais and Is years old or over, ask: (a) Did you over nerve is the Armed Forces of the United States? (if "Tes," ask: (b) Are you non is the Armed Forces, not counting the reserves? (c) Wan may of your nervice during a war or was it peace-time only? (d) During which war did you nerve? (d) During which war did you nerve? (e) Wan any of your nervice between June 27, 1900 and January 31, 1933? (e) Wan any of your nervice between June 27, 1900 and January 31, 1933? (f) Syears old or over, ask: (o) Wan any of your nervice between June 27, 1900 and January 31, 1933? (f) Wan any of your nervice between June 27, 1900 and January 31, 1933? (f) Wan any of your nervice between June 27, 1900 and January 31, 1933? (f) Wan any of your nervice between June 27, 1900 and January 31, 1933? (f) Wan any of your nervice between June 27, 1900 and January 31, 1933? (f) Wan any of your nervice between June 27, 1900 and January 31, 1933? (f) Wan any of your nervice between June 27, 1900 and January 31, 1933? (f) Wan any of your nervice between June 27, 1900 and January 31, 1933? (f) Wan any of your nervice between June 27, 1900 and January 31, 1933? (f) Wan any of your nervice between June 27, 1900 and January 31, 1933? (f) Wan any of your nervice between June 27, 1900 and January 31, 1933? (f) Wan any of your nervice between June 27, 1900 and January 31, 1933? (f) Wan any of your nervice doring a war or was it peace-time only? (f) Wan any of your nervice doring a war or was it peace-time only? (f) Wan any of your nervice doring a war or was it peace-time only? (f) Wan any of your nervice doring a war or was it peace-time? (f) Wan any of your nervice doring a war or was it peace-time? (f) Wan any of your nervice doring a war or was it peace-time? (f) Wan any of your nervice doring a war or was it peace-time? (f) Wan any of your nervice doring a war or was it peace-time? (f) Wan any of your nervice doring a war or was it peace-time? (f) Wan any of your nervice doring a war	yre.
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0. (a) What were you doing most of the past 12 months	
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(For children 6 - 16]: going to school or doing numething else? Going to school or doing numething else? Going to school or doing numething else. Going to school or doing numething else. Going to school or doing numething else.	
(b) Are you retired?	
I istervise each adult person for bisself for questions 11-26 and Tables I, II, and A, if he is at home. Enter column number of respondent is each column.	
Coi. Noass responses real filters and the second of th	_
1. Here you aick at any time LAST WEEK OR THE WEEK GEFORE? (a) What san the astter? (b) Anything eine?	**
2. Last seek or the acek before did you have any accidents or injuries, either at home or anny from home? (a) What acre they? (b) Anything cise?	No
3. Last week or the meek before did you feel any ill effects from an earlier accident or injury? (a) That were thomse effects?	No
(b) Anything elne? 4. Last week or the acek before did you take any medicine or treatment for any condition (besides which you told me about)?	No
(a) For what conditions?	
(b) Anything else? 5. AT THE PRESENTINE do you have may aliments or conditions that have costinued for a long time? (if "No") Even though they don't bother you all the time?	NO
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7. Does anyone in the family have any of these conditions? (Kead Card 8, Condition by Condition, Fecora any Conditions)	NO
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1f	DURING THE bospital o "Yes":	vernight	or longer?			: Ismally be	em a pa	tient in m				1 Yee (1	Table 11)		
	During the	past 12				fmily be	en a pa	tlent is m	maraisg			☐ Yea (1	Puble [1)	No. of the	Bes .
1f (h)	"Yas" How many		you is a s	arsing	home o	or smaltari	im?							No. of tim	***
27. Du	ring the pa	st 12 mon	ths in whic	h grou	p dld t	he total in	псоже о	f your fami	ly fall,			Group No.			-
SU	at is, your ich as wage	s, your	es, rents f	rom pro	operty,	pensions,	help f	rom relativ	res, etc.						
					T	ahle 1 .	TIIN	1 2322	MPAIRMENTS AND	ACCIDEN:	TC				
How many	How many		ars old r, ask:		yos fil	rat sotice PAST 3 MON		To inter- viewer:	Did you first	When did	Do you still	About how	Please	If "i," or "2"	T
days, isciud-		Last week	lf "Yes" in coi,			that time?		if Col.	DURING THE PAST 12 MONTHS or before that	yon iast talk to a doctor	take any medicise or treat-	many days during the past 12	look at this card and	in Coi.	
ing the 2 week-	in bed ali or most of	week before would you	(1): How many		k one	Did s during th 2 weeks o	e past	(k) is checked or the	time?	about? (Mooth end	ment that the doctor	months, has kept you is bed	read each state-	(r) ask;	
	the day?	have been working	days did keep you from	3	During 3 months	time?	at	condition is on either one	(if during pest 12 months, ask);	only if prior to	for?	for all or most of the day?	me which	card and	-
ends?		at a toh				(if durin 2 weeks,		of Cords	Which south?	1956)	or, follow any advice he gave?		state- ment fits	tell me which of these	Line Numbe
		at a job or busi- ness	work (going to school)?	(Go		1		continue:							1
		at a joh or busi- ness (going to schooi) except	(going to	(Go to col. (n))		Which wee	k. iast						you best. (Show Cards C-	stote- ments	
		at a joh or busi- ness (going to schooi)	(going to	col.			k. iast	otherwise,					(Show Cerds C- P, es eppro-	fits you best.	'
ends?		at a job or busi- ness (going to school) except for?	(going to school)?	(n))		Which wee week or t week hefo	k. iast	otherwise, STOP					(Show Cerds C- P. es eppro- priets)	ments fits you best. (Ghow Card G)	
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(g)	Days or None Were any of if "Yes": (a) What (b) Any of	at a job oor busi-ness (going to school) except [or,?]	(going to school)? (J) Days or None performed a the bospil eration?	(k)	Tabl	Which week or to week or to week hefor	k, iast the tre?	otherwise, STOP	Yr. Before Birth N DURING PAST That la the name	YrNo Dr.	Yes No Dr.	Days or None	(Show Cerds C- P. es eppro- priets)	ments fits you best. (Ghow Card G)	1
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(8) Days Tee- No	Days or None Were any if "Yes": (a) What (b) Any or	at a job or busi- ness (coling to see the color to see th	(J) Days or None performed eration? tions?	(k)	Tabl	Which week or to week or to week hefor	k, iast the tre?	otherwise, STOP	Yr. Before Birth N DURING PAST That la the name	YrNo Dr.	Yes No No Dr. No Dr. S of the bompl county, and	Days or None	(Show Cerds C- P. es eppro- priets)	ments fits you best. (Ghow Card G)	Line Mumber
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(8) Days Tee- No	Days or None Were any if "Yes": (a) What (b) Any or	at a job or busi- ness (coling to see the color to see th	(J) Days or None performed eration? tions?	(k)	Tabl	Which week or to week or to week hefor	k, iast the tre?	otherwise, STOP	Yr. Before Birth N DURING PAST That la the name	YrNo Dr.	Yes No No Dr. No Dr. S of the bompl county, and	Days or None	(Show Cerds C- P. es eppro- priets)	ments fits you best. (Ghow Card G)	Line Mumber

Card A	Card C	Card E	Card G
NATIONAL HEALTH SURVEY	NATIONAL HEALTH SURVEY	NATIONAL HEALTH SURVEY	NATIONAL HEALTH SURVEY
Check List of Chronic Conditions 1. Asthma	For: Workers and other persons except Housewives and Children	For: Children from 6 to 16 years oid and others going to school	
Any allergy Tuberculosis Chronic bronchitis	1. Cannot work at all at present.	1. Cannot go to school at all at present time.	1. Confined to the house all the time, except in emergencies.
Repeated attacks of sinus trouble 19, 0iabetes Rheumatic fever 20. Thyroid trouble Hardening of the arteries goiter High blood pressure 21. Epilepsy or con	3. Can work but I mited in kind or amount of outwide activities.	2. Can go to school but limited to certain types of schools or in school attendance.	 Can go outside but need the help of another person in getting around outside.
22.	4. Not limited in any of these ways.	3. Can go to school but limited in other activities.	3. Can go outside alone but have trouble in getting around freely.
Hemorrhoids or piles Gallbladder or liver trouble Stomach ulcer Any other chronic Stomach trouble 25. C		4. Not limited in any of these ways.	4. Not limited in any of these ways.
Card 8	Card D	Card F	Card H
NATIONAL HEALTH SURVEY	MATIONAL HEALTH SURVEY	MATIONAL HEALTH SURVEY	MATIONAL HEALTH SURVEY
Check List of Impairments	For: Housewife	For: Children under 6 years old	Family Income during past 12 months
1. Oeafness or serious trouble with hearing.	 Cannot keep house at all at present. 	1. Cannot take part at all in ordinary play with other children.	1. Under \$500 (including loss)
 Serious trouble with seeing, even with glasses. Condition present since birth, such as cleft palate or 	 Can keep house but limited in amount or kind of housework. 	2. Can play with other children but limited in arount or kind of play.	2. \$500 - \$999 3. \$1.000 - \$1,999
club foot. 4. Stammering or other trouble with speech.	3. Can keep house but limited in outside activities.	4. Not limited in any of these ways.	4. \$2,000 - \$2,999
5. Missing fingers, hand, or arm.	4. Not limited in any of these ways.		5. \$3,000 - \$3,999
6. Hissing toes, foot, or leg.			666. 18 1 000 18 . 9
7. Cerebral palsy.			7. \$5,000- \$6,999
8. Paralysis of any kind.			8. \$7,000 - \$9,999
9. Any permanent stiffness or deformity of the foot or leg, fingers, arm, or back,			9. \$10.000 and over.

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